

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Date
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13	✓ ✓
14	✓ ✓
15	○ N
16	○ O
17	○ O
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	✓ ✓
22	✓ ○
23	✓ ○
24	✓ ○
25	○ O
26	○ O
27	○ O
28	✓ ✓
29	○ O
30	○ O
31	✓ ✓
32	✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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